

ridge*runner* Transit

1.

City of Ridgecrest

Complainant's Name \_\_\_\_\_

100 W California Avenue Ridgecrest, CA 93555 760-499-5040 www.ci.ridgecrest.ca.us

## **Title VI Complaint Form**

Title VI of the 1964 Civil Rights Act and related nondiscrimination statues and regulations require that *no* person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. All Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact us at.

Complete and return this form to the City of Ridgecrest, City Clerk's Office: 100 W. California Avenue, Ridgecrest, CA 93555.

. City		State	Zip Code	
. Telephone Number (home) _		(business)		
. Person Discriminated Agains	st (if someone other than the	complainant)		
Name				
Address				
City		State	Zip Code	
. Which of the following best was it because of your:	describes the reason you beli	eve the discrimin	ation took p\lace?	
	c. Sex	e. [	Disability	
a. Race/color				
<ul><li>a. Race/color</li><li>b. National Origin</li></ul>	d. Age			

	sponsible. Please			additional space is requir
Have you	u filed this complaint	with any other federa	ıl, state, or local aç	gency; or with any federal or st
	If yes, check each	box that applies:		
	Federal Agency State Court	Federal Court Local Agency	State A	gency
•	State Court provide information abo	Local Agency out a contact person a	at the agency/court	where the complaint was filed.
Name	State Court provide information abo	Local Agency out a contact person a	at the agency/court	where the complaint was filed.
Name Address	State Court provide information about	Local Agency out a contact person a	at the agency/court	where the complaint was filed.
Name Address City	State Court provide information about	Local Agency out a contact person a	at the agency/court	where the complaint was filed.  Zip Code
Name Address City Telephor	State Court  provide information about the Number  ign below you may at	Local Agency out a contact person a	at the agency/court State	where the complaint was filed.  Zip Code
Name Address City Telephor . Please s your com	State Court  provide information about the Number  ign below you may at	Local Agency out a contact person a	at the agency/court State	where the complaint was filed.  Zip Code